PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10627738

CLAIMS AS FILED - PART I							S	SMALL ENTITY			OTHER THAN	
			(Column 1)		(Column 2)		T	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS							Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		[BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			10 minus 20=		* 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* 0			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							Ī	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	L	TOTAL	370	QR	TOTAL	
CLAIMS AS AMENDED - PART II								•			OTHER	THAN
		(Column 1)		(Column				SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	en e transmission de la médica de la marca de la m	NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CL AIM	=	ſ	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
							L	TOTAL		OR	TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	A	DDIT. FEE			ADDIT. FEE	
	y Althouse and	CLAIMS		HIGH	EST	(Solution of	Г		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER		NUM PREVI		PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
		AMENDMENT		PAID		LATINA			FEE			FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On		
	•						L	+140=		OR	+280=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colui	mn 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING		HIGH NUM		PRESENT	Г		ADDI-			ADDI-
		AFTER		PREVI	OUSLY	EXTRA	1	RATE	TIONAL		RATE	TIONAL
E		AMENDMENT		PAID	FOR	 	-		FEE			FEE
S	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AM	Independent	*	Minus	***		L		X42=		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									011	<u> </u>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE												
		mber Previously P ober Previously Pa							ropriate box			